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APPLICANTS

Thomas J. Shaw, Little Elm, TX;

** CONTINUING DATA *****

This application is a REI of 08/862,849 05/23/1997 PAT 5,810,775

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** SMALL ENTITY **

** 12/30/2000

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	TX	DRAWING 5	CLAIMS 46	CLAIMS 6
Verified and Acknowledged	<i>[Signature]</i> Examiner's Signature <i>[Initials]</i> Initials				

ADDRESS

20873
 LOCKE LIDDELL & SAPP LLP
 ATTN: SUE COTT
 2200 ROSS AVENUE
 SUITE 2200
 DALLAS , TX
 75201-6776

TITLE

Cap operated retractable medical device

FILING FEE RECEIVED 819	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other <input type="checkbox"/> Credit
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